

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Docket No.: ROC920010052US1

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LOW IMPACT BREAKPOINT FOR MULTI-USER DEBUGGING

the specification of which (check one)

X is attached hereto.

_____ was filed on _____ as

Application Serial No. _____

and was amended on _____

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

X (NONE) _____ YES ___ NO
(Number) (Country) (Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

X (NONE) _____
(Application Serial No.) (Filing Date) (Status) (Patented, Pending, Abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that

00003385 : 062701

such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

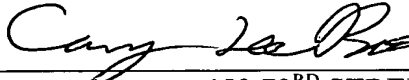
(List name and registration number)

William J. McGinnis	Reg. No. 25, 698	John E. Hoel	Reg. No. 26,279
James R. Nock	Reg. No. 42,937	Christopher J. Hughes	Reg. No. 26,914
Steven W. Roth	Reg. No. 34,712	Edward A. Pennington	Reg. No. 32,588
Leslie J. Payne	Reg. No. 26,378	Joseph C. Redmond, Jr.	Reg. No. 18,753
Grant A. Johnson	Reg. No. 42,696	Robert R. Williams	Reg. No. P-48-395
		Gero G. McClellan	Reg. No. 44,227

Send Correspondence to: Gero G. McClellan
Thomason, Moser & Patterson, L.L.P.
3040 Post Oak Boulevard, Suite 1500
Houston, Texas 77056-6582

Direct Telephone Calls to: Gero G. McClellan
713-623-4844

Full name of first Inventor: CARY LEE BATES


Inventor's signature  Date 6-25-01

Residence: 450 73RD STREET N.W.
ROCHESTER, MINNESOTA 55901

Citizenship: U.S.A.

Post Office Address: Same as above

Full name of second Inventor: WILLIAM JON SCHMIDT

Inventor's signature  Date 6-26-01

Residence: 2237 PONDEROSA DRIVE S.W.
ROCHESTER, MINNESOTA 55902-1109

Citizenship: U.S.A.

Post Office Address: Same as above

X This declaration ends with this page.

09093333-062701
FOI 290-53333333